THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir.

(b) The Committee on Subordinate Legislation (Tenth Lok Sabha) in its 22nd Report had made several recommendations primarily intended to discourage the use of tobacco and tobacco products. The Government is examining these recommendations and a draft legislation is under consideration of the Government.

Population Perspectives

4317. DR. ARUN KUMAR SARMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the reasons for present day failure to control population growth in India;

(b) whether compelling statutes rather than motivation would result in positive achievement;

(c) if so, the changes in the statutes required and whether Government have any proposal to move in that direction;

(d) the practice and principles adopted to control population in China and its success rate;

(e) the advantages and achievements of population control programme during 1975 emergency and reasons for its discontinuance; and

(f) the data on impact and extent of immigration on population growth of India since independence?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) to (f) For the country as a whole the achievements under the family welfare programme have been quite substantial. Nine States and UTs including Kerala, Tamil Nadu and Goa have already achieved net replacement levels of fertility. Other States like Andhra Pradesh, Karnataka, Gujarat, Maharashtra are close to achieving it. However, some States are lagging behind primarily on account of slow achievement of socio-economic indicators.

The population does not stabilise in response to Family Welfare Programmes alone. A large number of factors influence population growth rate and in turn are affected by it. Some of these factors are women's empowerment,

women's status in the family, education particularly of women, etc. Actual success in containing the growth of population is dependent on :

(i) Publicly stated support by the community leaders;

(ii) Efficiency and accountability in the State Health System in ensuring effective delivery of high quality reproductive health care services to citizens;

(iii) Education of women and care of the girl child;

(iv) Employment of women and participation in the labour force;

(v) Status of women etc.

Reducing population growth and achieving population stabilisation is to be pursued as a multi-sectoral agenda.

All these inputs have been only partially available for the Family Welfare Programme and this is the reason why the results so far have been only partial.

The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them, according to their choice, without any compulsion. Past experience shows that it is not feasible to enforce hard coercive measures for its promotion.

In China, the Government has advocated a policy of one child per family. The Government has established a set of incentives and disincentives to persuade couples to have only one child. China's annual growth rate of population is 0.9 (1995) and India's annual growth rate is 1.74.

During the seventies, the Family Planning Programme was focused mainly on terminal methods and the programme received a set back due to the rigid implementation of a target-based approach. The family welfare programme is now fully voluntary and the main effort of the Government has been to provide services on one hand and to encourage the citizens by information, education and communication on the other hand to use such services.

In order to arrest the growth of population and achieve population stabilisation in the country at the earliest possible, Cabinet approved a National Population Policy—2000 during Feb. 2000. The National Population Policy was placed in the Rajya Sabha on 7th March, 2000.